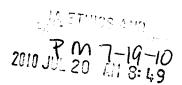
FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.



COMMITTEE NAME (Must be same as on Statement of Org	anization)				
Lucas County Emocratic Central Committee		FORM			
IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate ((4) County Central Committee (5) County Candidate (6) City Cand Subdivision Candidate (8) County PAC (9) City PAC (10) School 11) Local Ballot Issue	ı <u> </u>	DR-2 (Rev. 12/2009) DISCLOSURE REPORT For Office Use Only			
CANDIDATE COMMITTEES ONLY:		==	Comm. #		
Candidate Name	Political Party (if applicable)		Computer		
Office Sought	District (if Senate or House)		dited		
Late reports are subject to possible civil and criminal penalties. Pu candidate's committee, and the chairperson, for any other type of	rsuant to Iowa Code sections 68B.32A committee, is the individual responsible	(7) and 66 a for filing	BA.401(3), the candidate, for a timely and accurate reports.		
Alaca Casteria	111 /1/ 1/10				
HOLORES (ARLOW	641-535-4421		01182010		
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		DATE SIGNED		
I AM FILING A	REPORT FOR (1) ELECTION	/(2)NON	-ELECTION YEAR.		
(report date)	Indicate by	#			
CHECK IF AMENDMENT TO REPORT DATED		Local Con	nmittees, enter Date of Election		
Check if this is final (termination) report and attach Notice of (You must continue to file reports until a DR-3 is filed	of Dissolution Form DR-3. .) -		Local Committees, enter County in ction is held		
STATEMENT OF CASH ON HAND)				
CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the of the last reporting period or must be zero if this is fi	cash on hand at the end	\$	309.28		
ADD TOTAL MONEY TAKEN IN THIS PERIOD					
Schedule A: Cash Contributions total (Attach Sched	ule A) (*also see in-kind below)		100.00		
Schedule F: Loans Received total (Attach Schedule	-				
Schedule H: Total Sales of Campaign Property (Atta					
(Schedule H applies to Candidates' Comr					
	SUB-TOTAL	s	409.28		
SUBTRACT TOTAL MONEY SPENT THIS PERIOD			**************************************		
Schedule B: Expenditures total (Attach Schedule B)	(**also see debts and loans below)		0.00		
Schedule F: Loan Repayments total (Attach Schedule	•				
CASH ON HAND at the end of this reporting period (if final rep	•		409.28		
**UNPAID BILLS (From Schedule D - Attach Schedule D)		•			
NIN KIND CONTRIBUTIONS (From Schedule E - Attach Sched					
*OUTSTANDING LOANS (From Schedule F - Attach Schedu	le F)	\$			
CONSULTANT BREAKDOWN (Schedule G Attached?)		Name of the last	YES NO		
CANDIDATE COMMITTEES ONLY:					
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Atta	ch Schedule H)	\$			

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)		RECEIPTS	
COMMITTEE NAME (Must be same as on Statement of Organization)	. —	CK THIS BOX IF NDING FORM	
Lucas County Democratic Central Committee			

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
06/17/10 CK#	ID# CK#	Unitemized Contributions		\$100.00	
<u> </u>	ID#				
	CK#				
	ID#				
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			SUB-TOTAL	\$ 100.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

s 100.00

TOTAL (if last page of this schedule)

SCHEDULE

MONETARY

Reset Form